



## Charitable Contribution Request Form

### Contact Information

---

\* indicates required field

Please identify at least one contact to be associated with this request.

\*Name: \_\_\_\_\_

\*Telephone #: \_\_\_\_\_

\*E-mail Address: \_\_\_\_\_

### Non-Profit Organization Information

---

\* indicates required field

For organizations in the US, legal name must match tax ID in the IRS business master file.

\*Legal Name: \_\_\_\_\_

\*DBA Name (if any): \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ State: \_\_\_\_\_ \*Zip/Postal Code: \_\_\_\_\_

\*Telephone: \_\_\_\_\_

\*Website Address: \_\_\_\_\_

\*Tax I.D. Number (or local equivalent): \_\_\_\_\_

\*Are you registered as a 501(c)3 organization, or the local equivalent?:

Please select one:  Yes  No.

If yes, please attach copy of designation letter from the IRS, or the local taxing authority equivalent.

Sunshine Act: In accordance with the U.S. Business Transparency/Sunshine Act Policy and other state laws, embecta must track and report certain financial interactions and relationships with certain Health Care Organizations. Please indicate whether you or your organization is a **teaching hospital** or **institution**.

\*National Provider Identifier (NPI) Number: \_\_\_\_\_

Organization Type: \_\_\_\_\_

\*Non-Discrimination Policy: Does your organization have a non-discrimination policy (i.e., policies that prohibit discrimination in your organization based on race, age, sexual orientation, ethnicity, gender, or religious or political views)?

Please select one:  Yes  No

### Request Information

---

\* indicates required field

Please assign a name to your project for our records.

\* Charitable Contribution Request Title: \_\_\_\_\_

\* Location: \_\_\_\_\_

Enter the purpose of the program for which you are seeking funding.

\* Purpose of request, including your organization's mission:

Letter of Request: Please provide a copy of your Letter of Request on organization letterhead.

\* Detailed Agenda: Please attach a detailed description of the program.

Please indicate the type of support you are requesting. (select all that apply)

\* Request Type:

- Monetary
- Monetary and Product
- Product Only

Please enter the total amount requested in U.S. dollars.

\* Charitable Contribution Amount: \$ \_\_\_\_\_

\* Funding Decision Need by Date: \_\_\_\_\_

\* Detailed Budget: Please provide a detailed proposed budget for this project/program, including ALL types of expected revenues and expenses. Application will be returned if all dollar amounts are not provided.

Project/Program Start Date: \_\_\_\_\_

Project/Program End Date: \_\_\_\_\_

Venue Name: (if applicable) hotel, convention or other meeting location: \_\_\_\_\_

Venue City/Province: \_\_\_\_\_

Venue State: \_\_\_\_\_

Venue Country: \_\_\_\_\_

\*In the past year has your organization applied for or received a contribution from embecta and/or BD?  
Please select one:  Yes  No

If known, please list the most recent supported charitable contributions from embecta and/or BD.

---

List name, address and license number for all physician/faculty speakers:

---

\*Population Served: Please select all that apply.

- Animals
- Disaster Victims
- Displaced Persons/Refugees
- Economically Disadvantaged
- Elderly/Seniors
- Ethnic Minorities
- Families
- General and Disadvantaged
- General Public
- Healthcare Professionals
- Homeless
- Medical or Nursing Student
- Persons with learning/cognitive/developmental disability
- Persons with mental health issues/disability
- Persons with physical health issues/disability
- Students
- Veterans/Soldiers
- Women
- Youth
- Other: \_\_\_\_\_

**Payee Section**

---

\* indicates required field

Check payable to and mailing address

\*Organization Name (Must match W-9 Form if in the U.S.):

\_\_\_\_\_

Organization Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

\*Is the mailing address the same as the organization address?  Yes  No

**Certifications**

---

\* indicates required field

\*Terms and Conditions: By signing below, I am confirming the information in this charitable contribution request is accurate, supports bona fide activities, and is not tied directly or indirectly to past, present or future purchases of embecta products, services or solutions.

I agree.

\*Signature: (First and Last Name)

\_\_\_\_\_

\*Title: \_\_\_\_\_